(Sole)

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent application is sought entitled __BILIRUBIN TESTS AS RISK PREDICTORS FOR SYSTEMIC LUPUS ERYTHEMATOSUS AND PSORIATIC ARTHRITIS__, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

And I hereby give irrevocable control of this application for Letters Patent to the Secretary of the Air Force, and appoint **Fredric L. Sinder, Reg. No. 28,475,** and Thomas L. Kundert, Registration No. 27,247, and telephone no. 937/255-2838, or any of them, whose post office address is AFMCLO/JAZ, Bldg 11, Room 100, 2240 B Street, Wright-Patterson AFB, OH 45433-7109, attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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|---|---|
| Full name of inventor | HARVEY A. SCHWERTNER |

Inventor's Signature _____ Date _____

Residence Address _____ 106 Mulberry Lane, Boerne  TX   78006 _____

Citizenship _____ U.S.A. _____

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